COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER 176/60081

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name

claimed	and for which a pa	al, first and sole in atent is sought on th AICISM IN MAMMALS USI	e invention entitl	ed:
the spe	cification of which	check only one ite	m below):	
[]	is attached hereto	o.		
[X]	was filed as United States application Serial No. <u>08/747,328</u>			
	on November	er 12, 1996		
	and was amended			
	on			(if applicable).
[]	Number	international applica		
===	onand was amended w	nder PCT Article 19		
				(if applicable).
specification that application that the be	cations, including wledge the duty to plication in accord y claim foreign print application(s) for tion(s) designating e also identified acate or any PCT integrate of fore that of the application of the application of the applications.	the claims, as amend disclose information dance with Title 37, tority benefits under patent or inventor's at least one countrelow any foreign apporernational applicati	ed by any amendment which is material Code of Federal Retritle 35, United a certificate or constant on the Unication(s) for parting on the same subject that it is claimed to the constant of the same subject that it is claimed to the constant it is constant in the constant it is constant in the constant in t	at least one country other et matter having a filing imed:
PRIOR F		TION(S) AND ANY PRIOR		
(IF PCT	COUNTRY (, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
	υ.s.	60/006,622	13/11/95	[X] YES [] NO
				[] YES [] NO
				[] YES [] NO
				[] YES [] NO
				[] YES [] NO
				[] YES [] NO
	, <u> </u>			[] YES [] NO

[] YES [] NO

[] YES [] NO

COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY (Continued)
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER 176/60081

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. AP		STATUS (Check One)			
		U.S. FILING DATE	PATENTED	PENDING	ABANDONEI
PCT APPLI	CATIONS DESIGNAT	I ING THE U.S.			
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
12					
# 2000 # 2000 # 70 10 # 70 10					<u> </u>

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Reg. No. 30,727

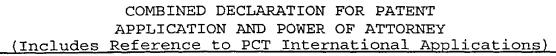
Send Correspondence to: Michael L. Goldman
Nixon, Hargrave, Devans & Doyle LLP
Clinton Square, P.O. Box 1051
Rochester, New York 14603

Direct Telephone Calls to: (name and telephone number) (716) 263-1304

1 =====================================	Rocheste	1, 11011 20213 2244		
1 T	FULL NAME OF INVENTOR	FAMILY NAME Federoff	FIRST GIVEN NAME Howard	SECOND GIVEN NAME
2 <u> </u>	RESIDENCE & CITIZENSHIP	CITY Rochester	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP U.S.A.
1	POST OFFICE ADDRESS	P.O. ADDRESS 66 Whitewood Lane	CITY Rochester	STATE & ZIP NY - 14618 CODE/COUNTRY U.S.A.
-	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0	RESIDENCE &	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
3	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE MOGT	DATE	DATE



ATTORNEY'S DOCKET NUMBER 176/60081

PAGE 1 OF 2

As a below named inventor, I hereby declare that:

98861

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PRODUCTION OF SOMATIC MOSAICISM IN MAMMALS USING A RECOMBINATORIAL SUBSTRATE

PRODUCT	ION OF SOMATIC MOSA	ICISM IN MAMMALS USI	NG A RECOMBINATORI	AL SUBSTRATE
the spe	cification of which	(check only one iter	m below):	
[x]	is attached hereto	·.		
[]	Serial No	ed States application		
	and was amended			(if applicable).
[]		international applica		
	and was amended ur on	nder PCT Article 19		(if applicable).
I hereb specifi	y state that I have cations, including	e reviewed and unders the claims, as amend	tand the contents ed by any amendmen	of the above-identified t referred to above.
I ackno this ap	wledge the duty to plication in accord	disclose information lance with Title 37,	which is material Code of Federal Re	to the examination of gulations, § 1.56(a).
foreign applica and hav certifi than th	application(s) for ation(s) designating we also identified b cate or any PCT int me United States of	r patent or inventor' g at least one countr pelow any foreign app ternational applicati	s certificate or o y other than the U lication(s) for pa on(s) designating on the same subjec	at least one country othe t matter having a filing
	FOREIGN/PCT APPLICAT	rion(s) and any prior	ITY CLAIMS UNDER 3	5 U.S.C. 119:
(IF PC	COUNTRY T, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
	U.S.	60/006,622	13/11/95	[X] YES [] NO
				[] YES [] NO
				[] YES [] NO
				[] YES [] NO
				[] YES [] NO
				[] YES [] NO
				[] YES [] NO
	, , , , , , , , , , , , , , , , , , ,			[] YES [] NO
				[] YES [] NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)

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U.S. APPLICATIONS			STATUS (Check One)		
		U.S. FILING DATE	PATENTED	PENDING	ABANDONEI
PCT APPLI	CATIONS DESIGNAT	ING THE U.S.			ļ
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Reg. No. 30,727

Send Correspondence to: Michael L. Goldman Nixon, Hargrave, Devans & Doyle LLP Clinton Square, P.O. Box 1051 Rochester, New York 14603 Direct Telephone Calls to: (name and telephone number) (716) 263-1304

2 222	Rocheste	r, New York 14603			
= = = = = = = = = = = = = = = = = = = =	FULL NAME OF INVENTOR	FAMILY NAME Federoff	FIRST GIVEN NAME Howard	SECOND GIVEN NAME	
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	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
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2	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
2	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
3	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
U	ADDRESS				

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SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 203
DATE	DATE	DATE